

**11 COMPREHENSIVE ASSESSMENT**  
**12 DATA COLLECTION**      **13**

NAME \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Age: \_\_\_\_\_

Limited or Comprehensive Exam. **14**

**1: MEDICAL CONSIDERATIONS** **15**

Anesthetic Preference: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Significant Findings: \_\_\_\_\_

Medication Noted  
 Pre-Medicate: \_\_\_\_\_

Referral/Consult: \_\_\_\_\_

**2: DENTAL HISTORY**

Previous Dental: **16** How Long? \_\_\_\_\_

Most Recent Dental Exam: \_\_\_\_\_  
 Most Recent Dental Treatment: \_\_\_\_\_  
 Most Recent Dental X-ray: \_\_\_\_\_

How Often Do You Have Your Teeth Cleaned? \_\_\_\_\_

Significant Event: **17**

Referred By: \_\_\_\_\_

**3: IMMEDIATE DENTAL CONCERN**

Additional Dental Concerns: \_\_\_\_\_

Oral Image: \_\_\_\_\_

Motivation Level: \_\_\_\_\_

**4: PERSONALITY STYLE - DISC**

**5: DENTAL TYPE**

**6: PHOTOGRAPHIC DOCUMENTATION**

Polaroid: \_\_\_\_\_  
 35mm: \_\_\_\_\_  
 Digital: \_\_\_\_\_  
 IntraOral: \_\_\_\_\_

**19**      **20**      **18**

10

FIG. 1

## RADIOGRAPHIC ANALYSIS

BW

PA

FMX

PANOREX

OTHER

## GENERAL TOOTH SURVEY

32

## MISSING TEETH:

Length of Time Missing

## IMPACTIONS:

## ROOT TIPS:

## PEG:

## IMPLANT:

## PONTIC:

## CORONAL TOOTH STRUCTURE

## CARIES

33

Length of Time Missing

35

36

37

## FRACTURE

## PREVIOUS RESTORATIONS

## PIN PLACEMENT

## UNACCEPTABLE

M:  
O:  
D:  
F:  
L:  
I:  
MO:

## QUESTIONABLE

M:  
O:  
D:  
F:  
L:  
I:  
MO:

## Tooth Location

Acceptable  
UnacceptableFurcation  
Pulp Chamber  
Fluting

## Surface

M:  
D:  
F:  
L:  
M & DM:  
D:  
F:  
L:  
M & D

## RADICULAR TOOTH STRUCTURE

## Replacement Resorption

## Internal

## External

## Surface

M:  
C:  
F:  
L:

## Severity

Minimal  
Moderate  
Severe

## Proximity

## Tooth Number

## Root Canal System

Normal

## Calcification

Minimal  
Moderate  
Obliterated

## Root Configuration

Blunderbuss  
NormalExcessively Short  
Excessively Curved  
Additional ConcernsExcessively Short  
Excessively Curved  
Additional Concerns

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FIG. 2

## RADIOGRAPHIC ANALYSIS

<b>Root Canal Treatment</b>			
<b>Root Canal Material</b>	Acceptable	Short Fill	
	Questionable	Inadequate Fill	
	Unacceptable	Perforation	
<b>Post Placement</b>	Acceptable	Short Fill	
	Questionable	Inadequate Fill	
	Unacceptable	Perforation	
<b>Post Material</b>	Acceptable	Fracture	
	Questionable	Length	
	Unacceptable	Diameter	
<b>REMAINING TOOTH STRUCTURE</b>	Acceptable	Perforation	
	Questionable	Fracture	
	Unacceptable	Metal	
<b>SUPPORTING STRUCTURE</b>	Acceptable	Carbon-Fiber	
	Questionable	Ceramic	
	Unacceptable	Other	
<b>HORIZONTAL BONE POSITION</b>			
<b>VERTICAL DEFECTS / INFRABONY:</b>	WNL		
	< 2 mm.		
	< 4 mm.		
<b>FURCATION INVOLVEMENT (RADIOGRAPHIC):</b>			
<b>PERIAPICAL RADIOLUCENCY</b>	Class II Tooth #		
	Class III Tooth #		
	Location		
<b>PERIAPICAL OPACITY</b>	Size (in mm)		
	Location		
	Size (in mm)		
<b>APICAL ROOT RESORPTION</b>			
<b>OTHER:</b>	Mild		
	Moderate		
	Severe		
<b>RADIOGRAPHIC TEMPOROMANDIBULAR JOINT</b>			
<b>TMJ RADIOPHGRAPH REQUIRED</b>	Joint Films Obtained?	LEFT	RIGHT
	Joint Films Required?		
	WNL		
<b>TMJ RADIOPHGRAPH EVALUATED</b>			
<b>TMJ Radiograph Findings</b>	Panorax		
	Transcranial		
	Tomography		
	CT Scan		
	MR		
<b>Asymmetry</b>			
<b>Condylar Changes</b>	LEFT	RIGHT	
	Condylar Fracture		
	Pathologic Lesion		

FIG. 3

## CLINICAL FINDINGS

51

## TEMPOROMANDIBULAR JOINTS

## RANGE OF MOTION

53

Maximum Opening (mm):	_____
Horizontal Movement:	_____
Opening Deviation:	_____

LEFT

RIGHT

## SYMPTOMATIC CONCERNs

Pain Frequency (days):	_____
History ?:	_____
Duration:	_____
Pain Level (0-6):	_____

## JOINT SOUNDS

54

Crepitus (0-3):	_____
Popping:	_____
Pop Grade (0-3):	_____

## LOAD TEST

## IMMOBILIZATION TEST

52

_____	_____
_____	_____
_____	_____
_____	_____

## HEAD AND NECK

## EXTRAORAL

55

Lymphadenopathy:	_____
Tenderness to Palpation:	_____

## INTRAORAL FINDINGS

56

Exostosis:	_____
Tori: Maxilla:	_____
Mandible:	_____

## CANCER SCREEN

## ORAL LESIONS

57

Location:	_____
Color:	_____
Size:	_____
Description:	_____
Other:	_____

50

FIG. 4

60

## OCCLUSAL MORPHOLOGIC GENERAL FINDINGS

CONDYLAR POSITION:		
ANTERIOR GUIDANCE		
OCCLUSAL VERTICAL DIMENSION		
ORTHODONTIC CLASSIFICATION	LEFT	RIGHT
CROSSBITE:	Anterior	
	Posterior	
ANTERIOR OPEN BITE	Comments	
POSTERIOR OPEN BITE	Description	
MALPOSED TEETH		
	Crowding/Overlap	
	Diastema	
	Rotations	
	Position	
ANTERIOR TOOTH SHAPE		
	Square,	
	Ovoid	
	Triangular	
MOBILITY		
	0	
	1	
	1+	
	2	
	2+	
	3	
	3+	
	Migration	
	Ankylosis (Location)	
ABNORMAL NEUROMUSCULAR HABITS		
	Nocturnal Bruxism	
	Gnashing	
	Tongue Thrust	
	Finger Sucking	
	Other Neuromuscular Habits	
ORTHOGNATHIC SURGERY		
	Completed	Started:
	Recommended	Finished:
	Recommended by Surgeon	
	Orthognathic Consult	
ORTHODONTICS		
	Completed	Started:
	Recommended	Finished:
	Recommended by Orthodontist	
	Orthodontic Consult	
FUNCTION		
	Acceptable Function	
	Constricted Chewing Pattern	
	Occlusal Dysfunction	
	Parafunction (Sleep Bruxism)	
	Neurologic Disorders	

FIG. 5

TOOTH STRUCTURE  
ATTRITIONMinimal  
Moderate  
Severe  
Complicating Factors

Defective Enamel	_____
Opposing artificial material	_____
Significantly fewer teeth	_____
Aberrant chewing pattern	_____
Developmental	_____
Gastric (GERD)	_____
Diet	_____
Mechanical	_____
Chemical	_____
Unknown	_____

## ABNORMAL ATTRITION

Minimal  
Moderate  
Severe

_____
_____
_____

## CARIES

Incipient  
Moderate  
Severe  
Diagnostic:

_____
_____
_____

<20  
>20

## Cervical Lesion (Non-Carious)

## ABRACTION

Minimal  
Moderate  
Severe

_____
_____
_____

## ABRASION

Minimal  
Moderate  
Severe

_____
_____
_____

Complicating Factors (foreign objects)

_____
_____
_____

## CLINICAL FINDINGS

70

FIG. 6

CLINICAL FINDINGS 70

## TOOTH STRUCTURE

## DEVELOPMENTAL DISTURBANCES

## DESCRIPTION

Amelogenesis Imperfata  
Dentinogenesis Imperfata  
Discoloration  
Fluorosis  
Hypocalcification  
Mottled Enamel  
Shape  
Tetracycline Stain

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## EROSION

Minimal  
Moderate  
Severe.

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## FRACTURE

Minimal  
Moderate  
Severe

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## PULPAL CONCERNs

Electronic Pulp Testing  
Percussion Tenderness  
Coronal Discoloration  
Thermal Sensitivity  
Thermal Testing  
Biting Chewing Sensitivity  
Large Restoration  
Endodontic Referral

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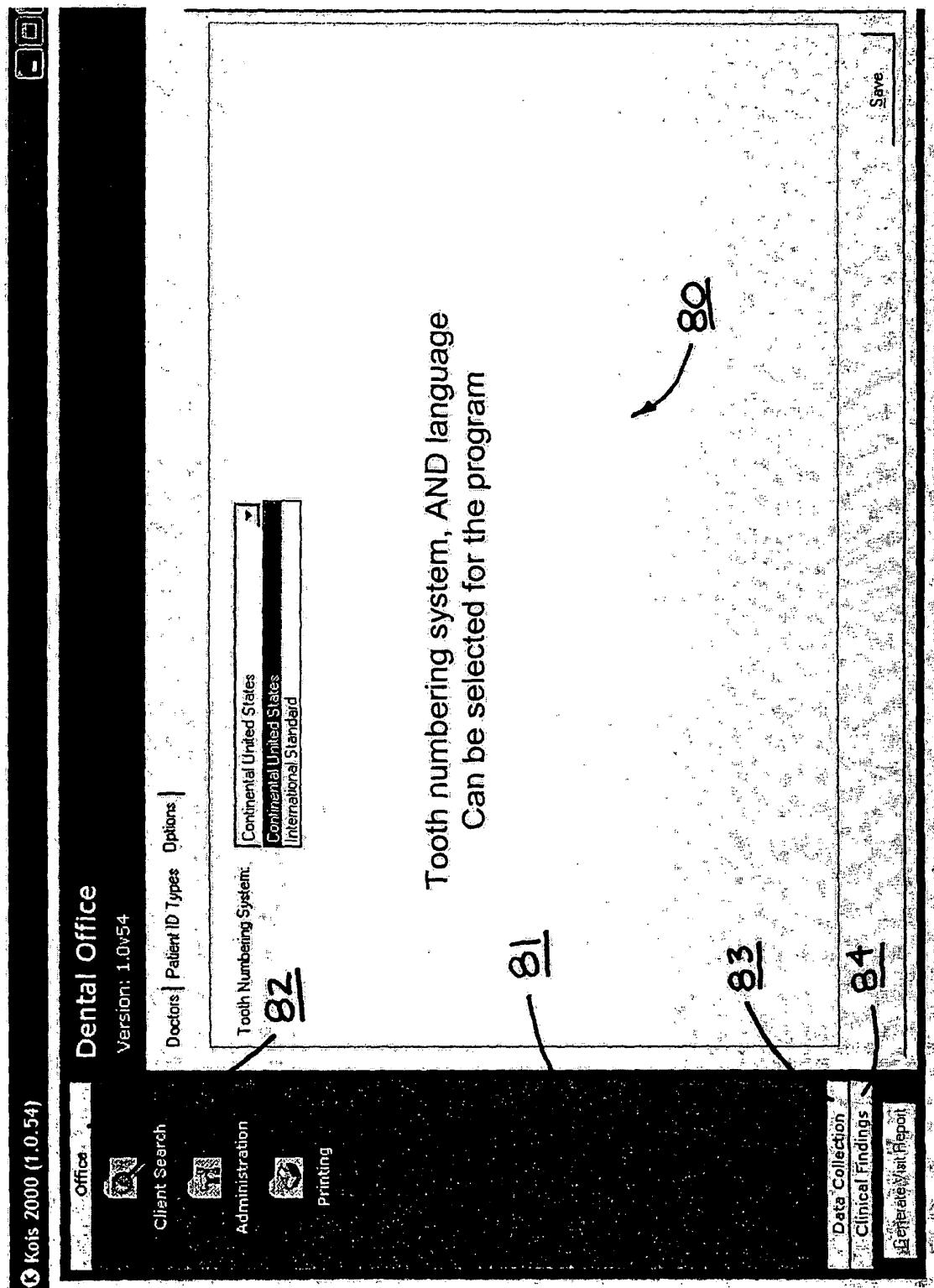


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FIG. 7



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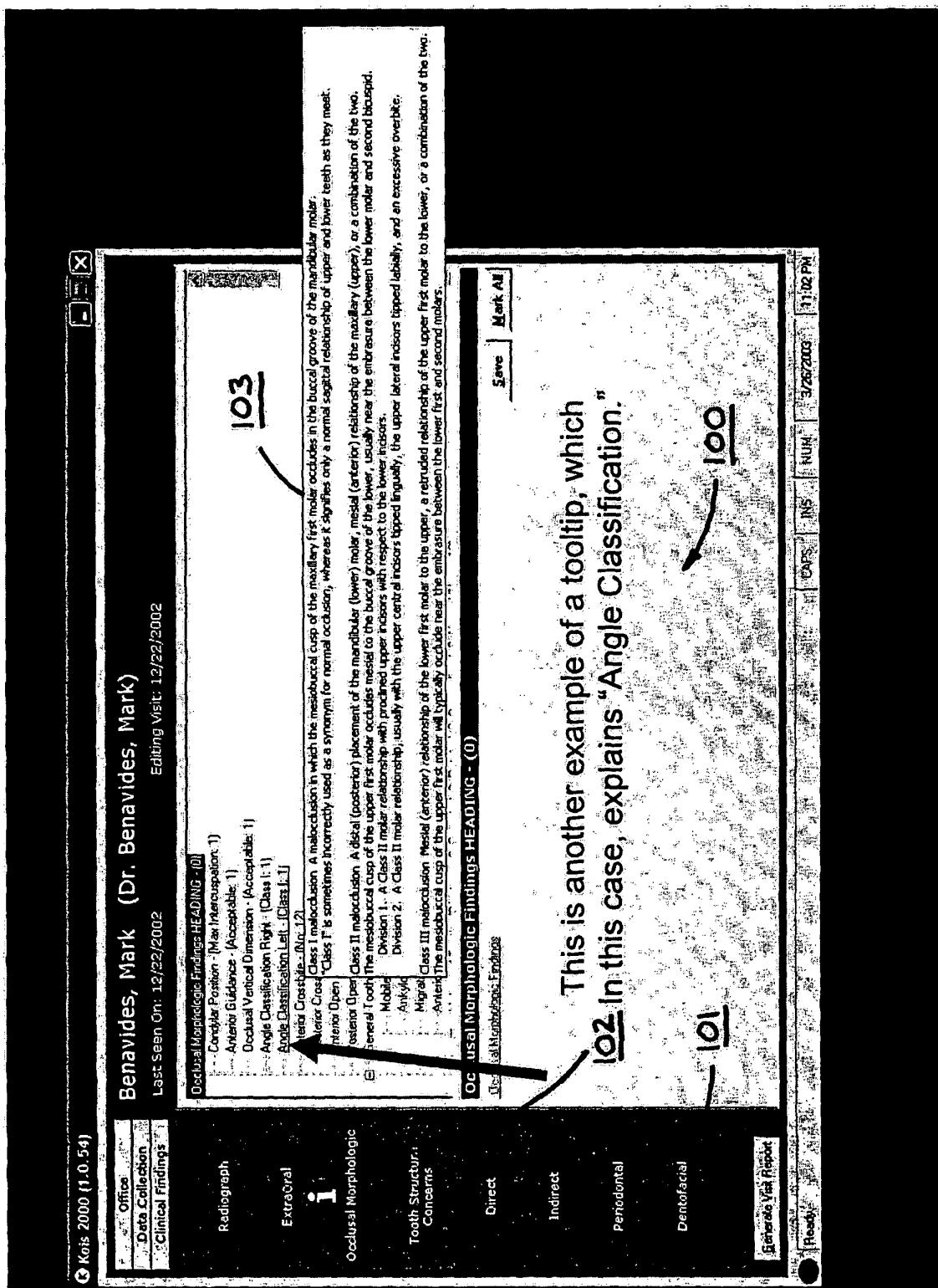


FIG. 10

## Excel Output

FIG. 11

230

	Focal / Resection		
	Not Answered	Correct	Apical
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
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97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

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## Excel Output

FIG. 12

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